

**Commonwealth of Massachusetts**  
Executive Office of Health and Human Services



# **Health Information Technology Council February Meeting**

**February 4, 2013**

**3:30-5:00 P.M.**

**One Ashburton Place, 10th Floor, Boston**



# Agenda



## **Today's Agenda:**

### **1. Mass HIway Update**

- a) Phase 2 – Manu Tandon
- b) Last Mile Program – Laurance Stuntz

### **2. Last Mile Program Scorecard – Laurance Stuntz**

### **3. Mass HIway Phase 2 Functionality – Manu Tandon**

### **4. HIT Council Advisory Groups – Manu Tandon**

### **5. Legal Requirements pertaining to the Council – JoAnn Buckland**

- a) Open Meeting Law
- b) Ethics Law
- c) Public Records Law

### **6. HIT Council Bylaws – JoAnn Buckland**

### **7. Wrap up and next steps**



## Discussion Item 1:

### Mass HIway Update – Phase 2 Status, Last Mile Program Update



# Phase 2 overall timeline



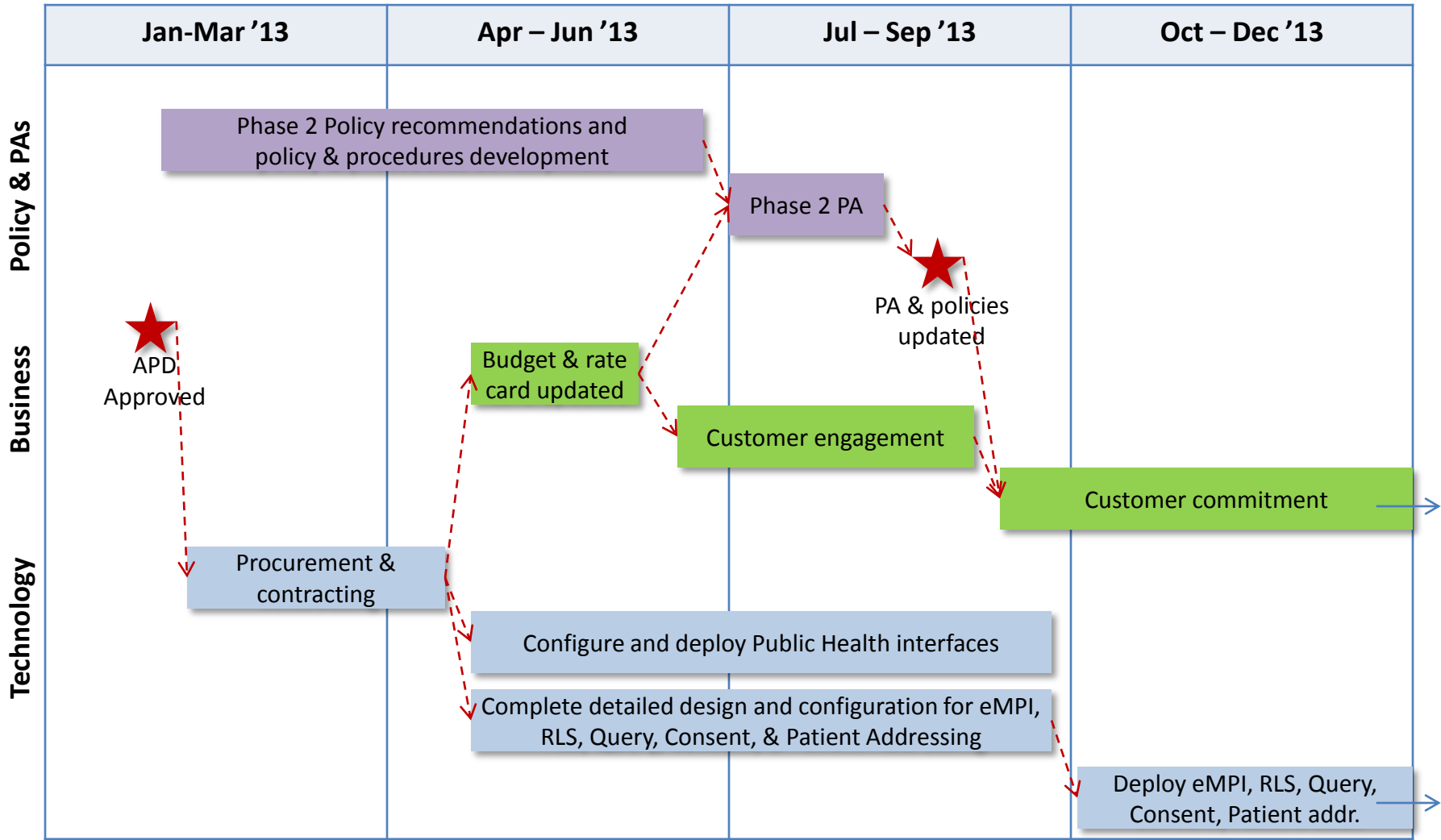
## Mass HIway Phase 2 high level project schedule

Activity	Completion date
Submit IAPD to CMS	Complete
CMS approval of Phase 2 IAPD	Feb 2013
Procurement for Phase 2 services (RFP, Change Orders, Internal Development)	Feb 2013
Phase 2 infrastructure vendor selected	March 29, 2013
Phase 2 contract (or change order) executed	Apr 15, 2013
Go-live for Phase 2, Release 1 (Public Health interfaces)	Apr-Oct, 2013
Go-live for Phase 2, Release 2 (CDR, EMPI, RLS, Consent)	Oct 2013 – Mar 2014



# Phase 2 critical path – CY 2013

Mass HIway Phase 2 high level critical path CY 2013

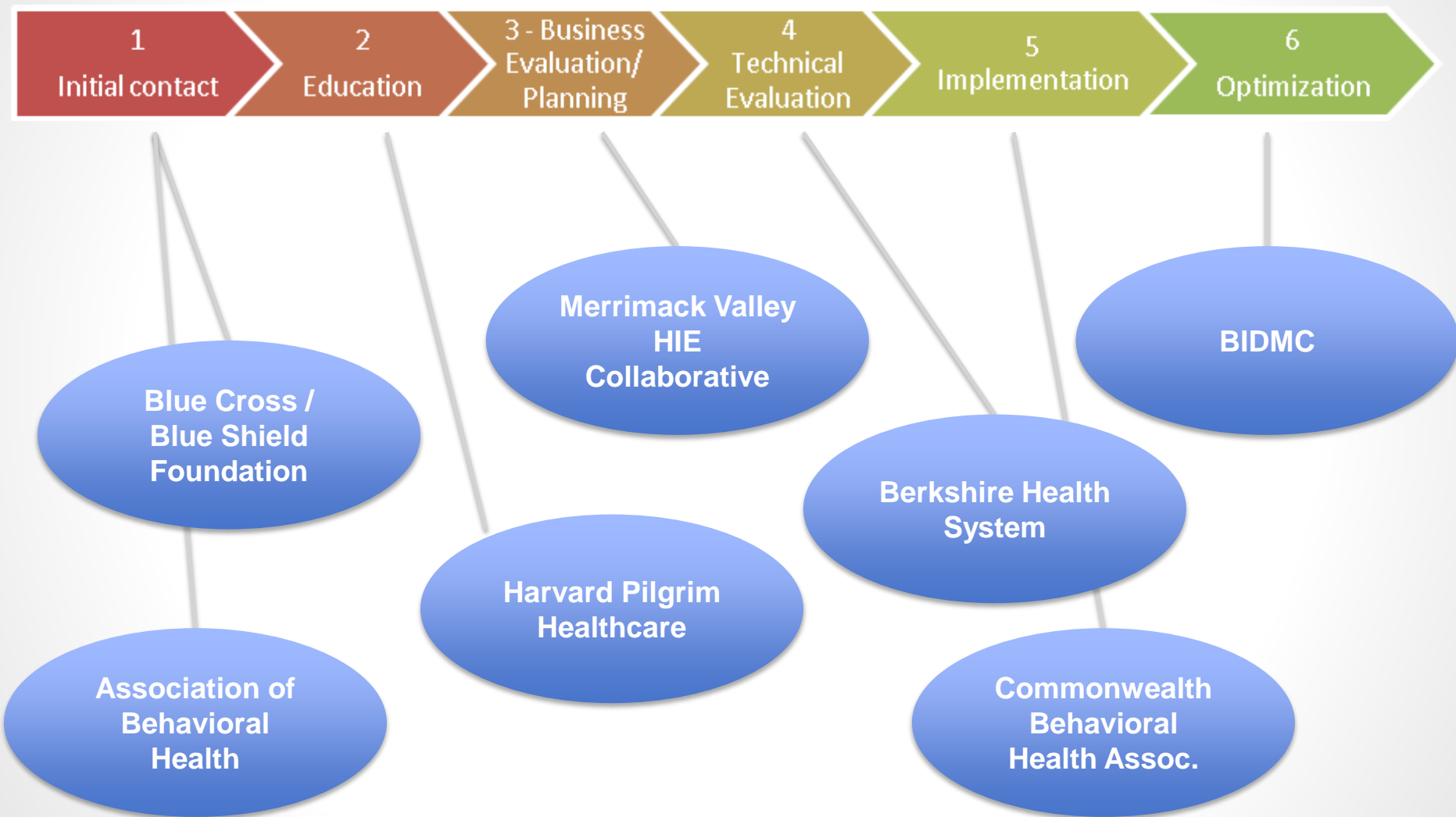


# The Mass Hlway

## *Last Mile Program Update*



# Last Mile Program | Sampling of Recent Meetings



# Last Mile Program | HIway Implementation Grants

- Fund projects that catalyze connections to the Mass HIway by migrating away from proprietary interfaces or paper-based efforts
- Budgeted at \$2M; will issue awards up \$75,000 each
- Release date – mid-late February
- Award date – rolling, starting in late March
- Requirements:
  - Milestone-based payments
  - Share experiences & lessons learned

Preference given to behavioral health, long-term care, community hospital, and/or small practice organizations





## Discussion Item 2: Last Mile Program Scorecard

# Mass HIway Last Mile Dashboard

- A communication tool to sync expectation
- Indicates performance & status
- Built to reflect alignment of strategy to action
  - Goals > Objectives > Measures > Targets
  - Targets are supported by initiatives
- Metrics are being implemented – this will take time, adjustments may be necessary
- Targets reflect CY13 projected performance – feedback is helpful to set the proper expectation

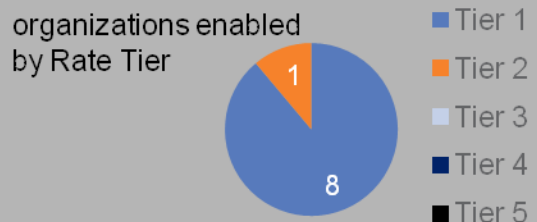
# Mass Hlway Last Mile Dashboard (targets set for CY13)

## CONNECTION

### FACILITATE CONNECTIONS

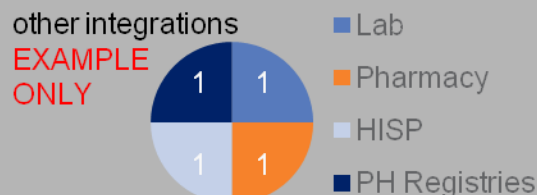
organizations enabled for directed exchange	<b>9 / 1,102</b> ~0 / 25% N = 4,500
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nodes	10
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### ENABLE INTEGRATION

EHRs connected of 80% landscape group	<b>0 / 8</b> 0 / 50% N = 16
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## ADOPTION

### MAXIMIZE UTILIZATION

directed transactions	<b>18 / 1,000,000</b>
• Provider- Provider	18 / 100,000
• To PH Registry	0 / 899,900
• From Lab	0 / 100

physicians enabled for directed exchange	<b>0 / 7,500</b> 0 / 30% N = 25,000
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### PATIENT ENGAGEMENT

unique patients' records exchanged	<b>0 / 25,000</b> N = 6.5M
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## IMPACT HEALTHCARE

### DEMONSTRATE HEALTHCARE IMPROVEMENT

#### CARE QUALITY

providers using a certified EHR REC M2 + MEDICAID AIU	4,048
eligible providers attested to MU1 REC + MEDICAID	962

#### POPULATION HEALTH

organizations reporting via the Hlway to:	
• Immunization registry	0
• SS registry	0
• Opioid registry	0
• Cancer registry	0
• CBHI registry	0

#### HEALTH CARE COSTS

TBD	TBD
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# DRAFT

as of 1/31/2013



## Discussion Item 3: Mass HIway Phase 2 Functionality



# Phase 2 supports high-value use cases

## MassHIway service

## Use case examples

Medical record  
location

- An emergency room provider uses MassHIway to determine the organization(s) that holds a patient's medical records
- A case manager uses HIway to identify the care team that may be serving a patient

Medical record  
retrieval

- An emergency room provider uses MassHIway to retrieve a summary record for a patient
- A provider uses HIway to retrieve prior diagnostic test results and specialist visit records to aid in patient diagnosis

Public health  
reporting

- A provider uses MassHIway to report to the public health cancer registry, immunization registry, lab reporting program, opioid treatment program, syndromic surveillance program, or childhood lead poisoning prevention program

Patient-directed  
Messaging

- A hospital provider uses MassHIway to send discharge instructions to a patient-specified PHR/portal
- A patient uses MassHIway to send "clipboard" information to a specialist prior to an initial visit

Consent  
management

- A provider uses MassHIway to record a patient's consent preferences for information sharing via the MassHIway
- A patient uses MassHIway to set his/her own consent preferences

### Value drivers:

- Continuity of care
- Patient safety & reduction in adverse events
- Reduction in controlled substance overuse
- Reduction in utilization of medical services
- Enhanced public health reporting adherence
- Supports MU achievement
- Administrative simplification



# Enterprise Master Patient Index (EMPI) and Record Locator Service (RLS)



*Mass Hlway approach is for all clinical records to remain with the providers. Thus the EMPI will unambiguously identify a patient and the RLS will locate and retrieve (“pull”) patient records from another provider organization in accordance with patient consent preferences.*

## Description

- IBM Initiate patient database shared with HIX/MMIS
- Only stores secured, blinded demographic information necessary for record linking (MRN, patient demographics and encounter type)
- Fed by HL7 ADT feeds from source systems

## Focus of effort

- Policy framework for creating a statewide MPI
- Data sharing agreements with clinical entities
- HL7 ADT specification and deployment
- Provider engagement
- EHR vendor engagement



## Description

- Central consent database of patient data-sharing preferences
- Linked to EMPI
- Fed by HL7 ADT feeds from source systems

## Focus of effort

- Policy framework for consent
- Consent agreements and patient outreach/education
- Provider outreach/engagement
- Data sharing agreements with clinical entities
- EHR consent management and handling specifications
- HL7 ADT specification and deployment
- EHR vendor engagement



## Description

- Automated retrieval of patient summary information
- Consent-based retrieval leveraging EMPI/RLS and consent database

## Focus of effort

- Policy framework for query/retrieve
- Consent agreements and patient outreach/education
- Data sharing agreements with clinical entities
- EHR consent management and handling specifications
- EHR query/retrieve specifications and interface deployment
- Provider engagement
- EHR vendor engagement





## Description

- Database of Direct addresses to support provider-to-patient document transmission
- Linked to master person index
- Fed by HIX/MMIS and (possibly) HL7 ADT feeds from clinical source systems

## Focus of effort

- Policy framework for patient identity-proofing and authentication
- Business model for patient enrollment through HIX/MMIS processes
- EHR patient Direct address database interface specifications



## Description

- Opioid treatment: Receive Intake, Enrollment, and Assessments for Opioid treatment program related to Medicaid claims
- ELR: Receive infectious disease lab reports as per MA public health regulations
- Cancer (NPCR): Receive reports of malignant disease per public health regulations; MU stage 2
- Prescription monitoring: To curb prescription drug abuse, this system enables providers to query patient controlled substance history to inform prescribing

## Focus of effort

- Opioid treatment: Add back end system to HIE as node; back end system development
- ELR: Add ELR to HIE as node; Onboarding support. Additional support for Lead poisoning support
- Cancer (NPCR): Add Cancer Registry system to HIE as node; Back end system deployment based on CDC NPCR implementation
- Prescription monitoring: Add PMP to HIE as a node; modify back end system to support use on HIE



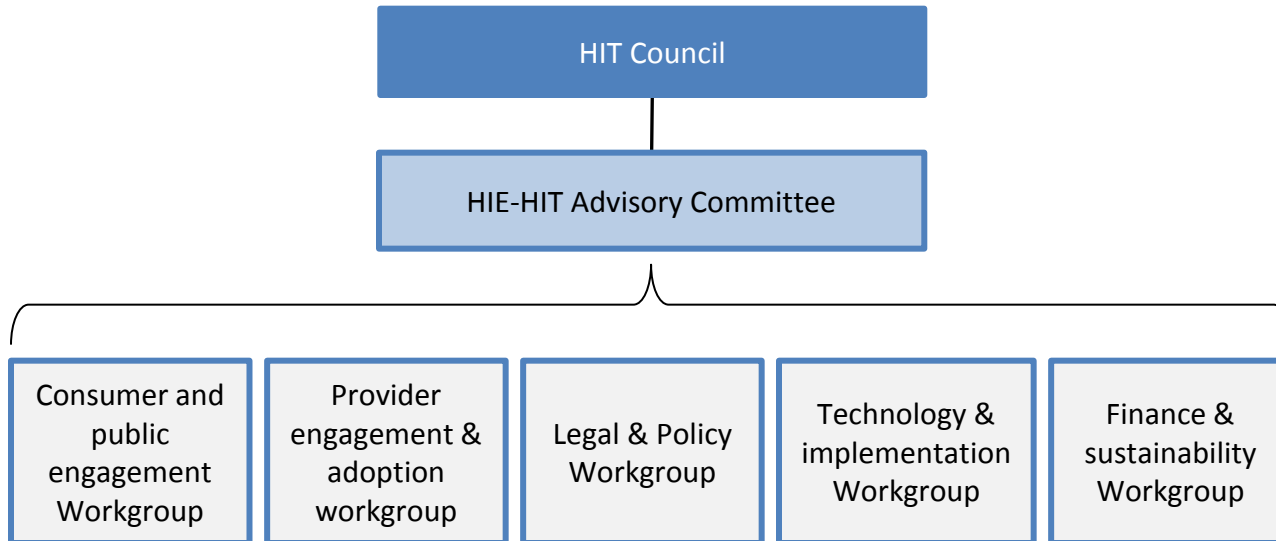
## Discussion Item 4: HIT Council Advisory Groups



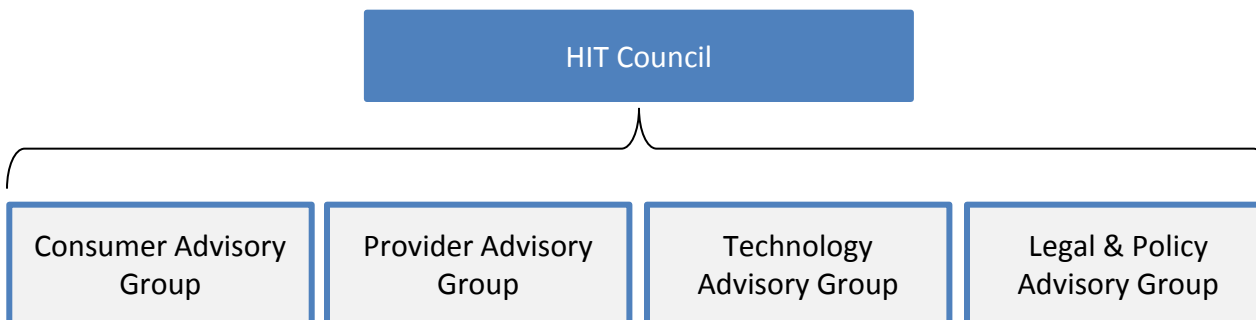
# HIT Council Advisory Groups



## 2011/12 HIT Council, Advisory Committee, and Work Group structure



## Proposed HIT Council & Advisory Group structure going forward



### Changes for 2013

- Ad hoc HIE-HIT Advisory Committee is no longer needed given expansion of the HIT Council
- Advisory Committee Working Groups are to transition to HIT Council Advisory Groups
- Advisory Groups are to provide advice, counsel, and expert opinion to the HIT Council
- Advisory Groups are not to be used to perform staff roles – they are to be advisory



# Advisory Group membership



## Consumer Advisory Group – Proposed members

Member	Organization
Kathleen Donaher	Regis College
Barbara Popper	Federation for Children with Special Needs
Effie Pappas Brickman	MA Coalition for the Prevention of Medical Errors
Jennifer Burns	MA Organization for Addiction Recovery (MOAR)
Jessica Constantino	AARP of MA
Lisa Fenichel	eHealth Consumer Advocate
MaryAnne Frangules	MOAR
Karen Granoff	MA Hospital Association
Linda Kenney	Medically Induced Trauma Support Services
Lisa Lambert	Parent/Professional Advocacy League

Member	Organization
Georgia Simpson May	MA Dept of Public Health
Vanessa Pettigrew	Regis College
Lucilla Prates	Medicare Senior Patrol
Barbra Rabson	MA Health Quality Partners
Winnie Tobin	Medically Induced Trauma Support Services
Charlotte Yeh	AARP Services Inc.
Alec Ziss	Health Care for All
Rita Battles	MA Dept of Mental Health
JD Chesloff	MA Business Roundtable
Eric Linzer	MA Association of Health Plans
Alan McDonald	MA Business Roundtable



# Advisory Group membership



## Provider Advisory Group – Proposed members

Member	Organization
Nicolaos Athienites	Renal Medical Care
Justine Carr	Steward Health Care
William Corbett	UMass Memorial Medical Center
Ronald Dunlap	South Shore
Jim Frutkin	ServiceNet
Gregory G Harris	Psychiatrist
Neil Kudler	Baystate Health
Michael Lee	Atrius Health
Norma Lopez	Physician to Physician EHR Strategies
Eugenia Marcus	Pediatric Health Care at Newton-Wellesley

Member	Organization
Judy Melin	Lahey Clinic
Daniel O'Neil	Steward Health Care
Paul Oppenheimer	Sisters of Providence Health System
Naomi Prendergast	D'Youville Senior Care
Jim Richter	Massachusetts General Hospital
Dirk Stanley	Cooley Dickinson Hospital
Scott Wolf	Mercy Hospital
Andrei Soran	Metrowest Medical Center
Steve Fox	BCBSMA



# Advisory Group membership



## Technology Advisory Group – Proposed members

Member	Organization
Atia Amin	Network Health
Peter Bristol	Network Health
Alec Cheloff	Mass Eye & Ear Infirmary
Nancy Christensen	Medicaid
Chris Diguette	Atrius Health
Larry Garber	Reliant Medical Group
Bill Gillis	BIDMC
Adrian Gropper	
John Halamka	BIDMC
Venkat Jegadeesan	EOHHS
John Kelly	EOHHS
Anurag Lal	EOHHS
Nitin Gujral	Children's Hospital Boston
Matthew Moss	South Shore Hospital

Member	Organization
Neil Meehan	Lawrence General
John Merantza	
Joseph Pavao	Network Health
Alin Pop	Joseph Smith CHC
Pat Rubalcaba	Partners Healthcare
Marc Silverman	MA Department of Public Health
Jason Snyder	Information Technology Division
Manu Tandon	EOHHS
Bill Young	Berkshire Health Systems
Qiang Wang	BIDMC
David Whitman	The Dimock Center
Keith Worthley	BIDMC
Karen Bell	CCHIT
David Smith	MA Hospital Association



# Advisory Group membership



## Legal & Policy Advisory Group – Proposed members

Member	Organization
Claudian Boldman	Information Technology Division
Liz Fluet	MA Association of Health Plans
Paul Jeffrey	MassHealth
Foster Kerrison	EOHHS Legal
Wendy Mariner	Boston University
Henry J. Och	Lowell Community Health Center
Ken Patterson	Harvard Pilgrim Health Care Institute
David Polakoff	UMass Memorial Medical Center

Member	Organization
Jacqueline Raymond	Brigham and Women's Hospital
Kathleen Snyder	EOHHS Legal
Deborah Stevens	Tufts Health Plan
Diane Stone	Stone and Heinhold Associates
David Szabo	Edwards Wildman Palmer LLP
Gavi Wolfe	American Civil Liberties Union of Massachusetts
Bill Corbett	UMass Memorial Medical Center
Kenneth Faulconer	Partners Healthcare
Gillian A. Haney	MA Department of Public Health





# Consumer Advisory Group Charge



**Purpose:** To provide input and consumer/patient perspective to the HIT Council regarding the statewide health information exchange

**Objectives:**

- Review and provide input regarding the HIway statewide HIE services
- Review and provide input regarding the HIway policies and procedures
- Provide consumer input and perspectives to HIT Council for important technical and policy design decisions

**Membership:** Members of the public representing a diversity of consumer segments, consumer membership organizations, advocacy organizations



# Provider Advisory Group Charge



**Purpose:** To provide input and provider perspective to the HIT Council regarding the statewide health information exchange

**Objectives:**

- Review and provide input regarding the HIway statewide HIE services
- Review and provide input regarding the HIway policies and procedures
- Provide provider input and perspectives to HIT Council for important technical and policy design decisions

**Membership:** Providers representing a variety of clinical settings and roles



# Technology Advisory Group Charge



**Purpose:** To provide input and expert advice to the HIT Council regarding technology design, configuration, deployment, and operation of statewide health information exchange

## **Charge:**

- Review and provide input to the technical design and configuration of the Mass Hlway services
- Assist with resolution of challenging technical decisions including identifying paths forward where federal standards guidance and the direction of the market is unclear
- Provide expert opinion regarding operational repercussions of various policy options
- Provide expert advice regarding technology deployment

**Membership:** Technical experts familiar with HIE and EHR technology, CIOs, and business analysts



# Legal & Policy Advisory Group Charge



**Purpose:** To provide input and expert advice to the HIT Council regarding the legal & policy framework for statewide HIE activity

**Charge:**

- Provide expert advice regarding state and federal statutes and regulations impacting exchange of personal health information
- Review and provide input to key HIway documents including Policies and Procedures and Participation Agreement addenda
- Identify statutory and/or regulatory barriers to health information exchange and recommend changes to the HIT Council

**Membership:** Lawyers familiar with federal and state legal and privacy and security requirements, security and compliance officers, and policy planners/ analysts



## Discussion Item 5:

### Overview of Legal Requirements of the Council



# Open Meeting Law (M.G.L. c. 30A §§ 18-25)



**All Council meetings are subject to the Open Meeting Law and are open to the public. All deliberations and decisions must be made at an open, public meeting.**

- “Meeting” is defined as a deliberation by a quorum of a public body with respect to any matter within the body’s jurisdiction.
- Deliberations include any kind of discussion (about Council matters) among a quorum of your members, i.e., 11 members.

**So... If the topic is an HIT Council matter:**

- An email among 11 members could constitute a deliberation
- A discussion in a restaurant among 11 members could be a meeting



# Open Meeting Law



## **Meeting Minutes**

- Accurate minutes will be taken that include the time, date, place, members present or absent and actions taken at each meeting
  - Actions taken includes discussions of an issue even if no vote or determination was made by the Council on that issue. No votes may be taken by secret ballot.
- Minutes are public record and are publically posted

## **Remote attendance**

- Only permitted due to a Member's:
  - Personal illness;
  - Personal disability;
  - Emergency;
  - Military service; or
  - Geographic distance
- All members (including remotely attending members) must be clearly audible to each other and to all members of the public.
- A quorum of the body, including the chair, must be present at the meeting. Roll call votes will be taken.



## **Free Legal Advice**

- As Special State Employees, you can receive free confidential advice about the conflict of interest law from the Massachusetts State Ethics Commission's Legal Division at: <http://www.mass.gov/ethics/>

## **Important Considerations**

- Members will NOT violate the Conflicts of Interest Law by receiving their regular compensation from their employer while serving on the Council.
- The Council may purchase from, sell to, borrow from, contract with or otherwise deal with any organization in which a council member is interested or involved; as long as the interest or involvement is disclosed in advance to the Council and recorded in the minutes of the Council.





# Conflicts of Interest Law: Impermissible Conduct



## Violations Include:

- Asking for or taking bribes
- Accepting gifts or gratuities valued at \$50 or more, meant to influence official actions. Or, using position to get something valued at \$50 or more that would otherwise be unavailable to you
- Presenting a false claim or causing someone else to present a false claim for a payment or benefit
- Appearance of conflict (acting in a way that seems as though you have been improperly influenced)
- Improperly disclosing or using confidential information
- Acting as an agent or attorney for any matter in which the state has a substantial or direct interest

**Violations of the Conflicts of Interest Law can result in criminal penalties.**



# Public Records Law (M.G.L. c. 66)



- **The Public Records Law applies to all records created by a state agency or board. Every document, paper, and record (including emails) made or kept by a government entity is considered a public record and is available to the public.**
- **Council Minutes are public records.**
- **Private, personal information (e.g., your home telephone number, etc.) will not be disclosed under the Public Records Law. This information can be redacted from Council Minutes.**
- **The Secretary of State's office publishes an online Guide to the Public Records Law.**
- **There are numerous statutory exceptions to what constitutes a disclosable, public record. Of relevance to the Council are the following:**
  - Medical files and information (which are also confidential under HIPAA)
  - Letters or memoranda circulated within the Council or to other Agencies relating to policy positions being developed
  - Personal notes and materials that are not kept as Council files
  - Commercial or financial information voluntarily provided to an agency for use in developing governmental policy and upon a promise of confidentiality



## Discussion Item 6: Distribution of HIT Council Bylaws



## Discussion Item 7:

### Wrap up and next steps



# HIT Council meeting schedule



## HIT Council 2013 Meeting Schedule\*:

- January 14 – 11<sup>th</sup> Floor Matta Conference Room
- **February 4 – 10<sup>th</sup> Floor Conference Room C**
- March 4
- April 8
- May 6
- June 3
- July 1
- August 5
- September 9
- October 7
- November 11
- December 9

*\*All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st Floor, Boston, unless otherwise noted*



# Wrap up



**Next HIT Council Meeting:** March 4, 2013

**Preliminary Agenda:**

- Mass Hlway Update
- Last Mile Program Scorecard
- Advisory Group Updates

**Immediate next steps:**

- Reconvene Advisory Groups and continue phase 2 planning